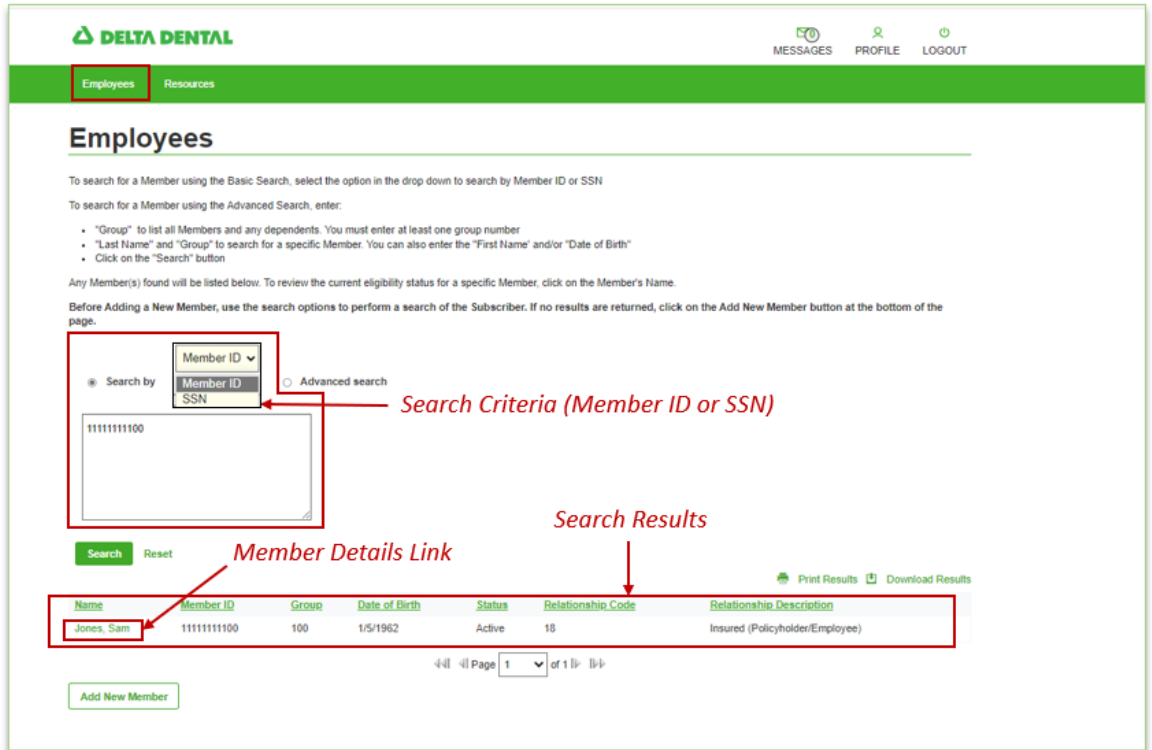


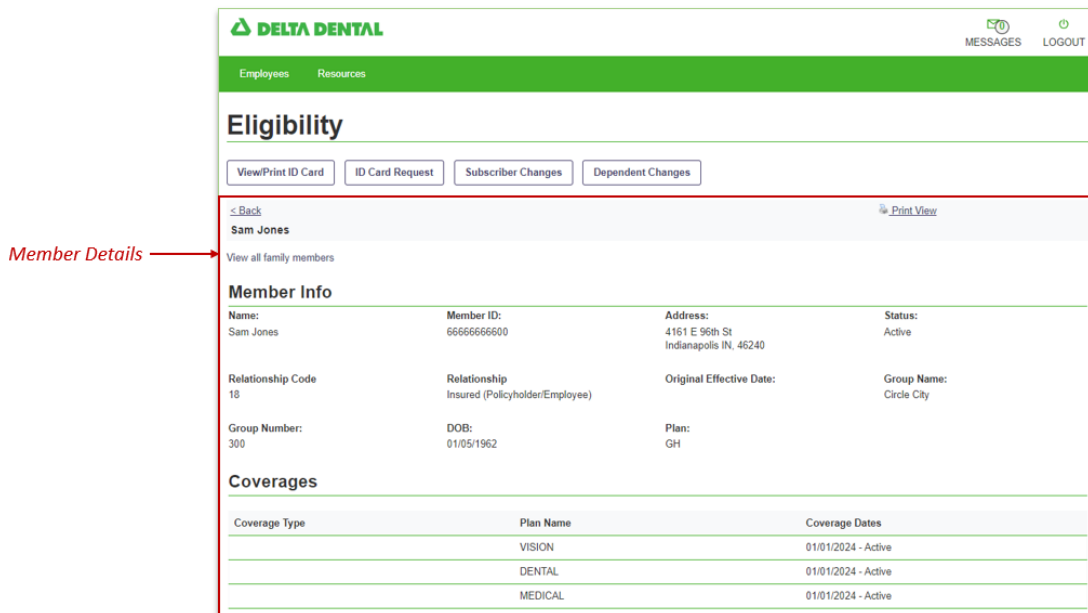
## Member Search

Enrollment Portal – Once the user is redirected to the enrollment portal, they will be able to search for a member. The Employees page allows a user to conduct a basic search by Member ID or SSN.



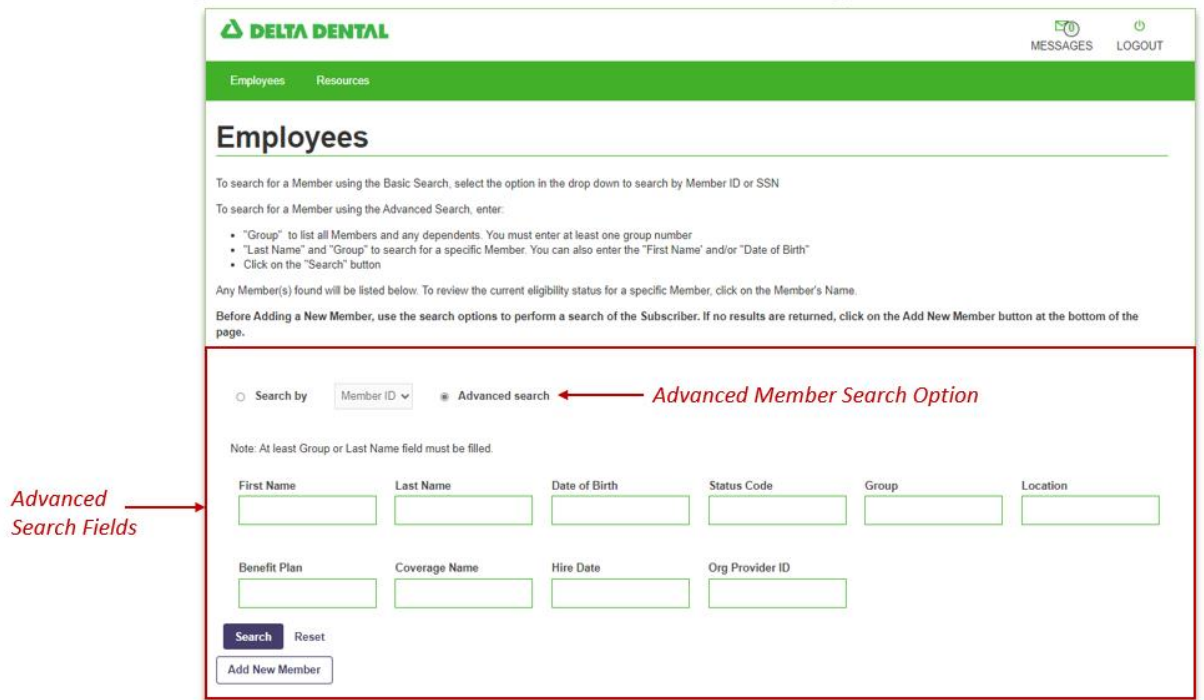
Numerical identifiers for the relationship codes are based on the HIPAA standards. For the full list of the relationship codes, please refer to page 40 in the Addendum.

View Member Details: View Member Name, ID, Address, coverage type and status.

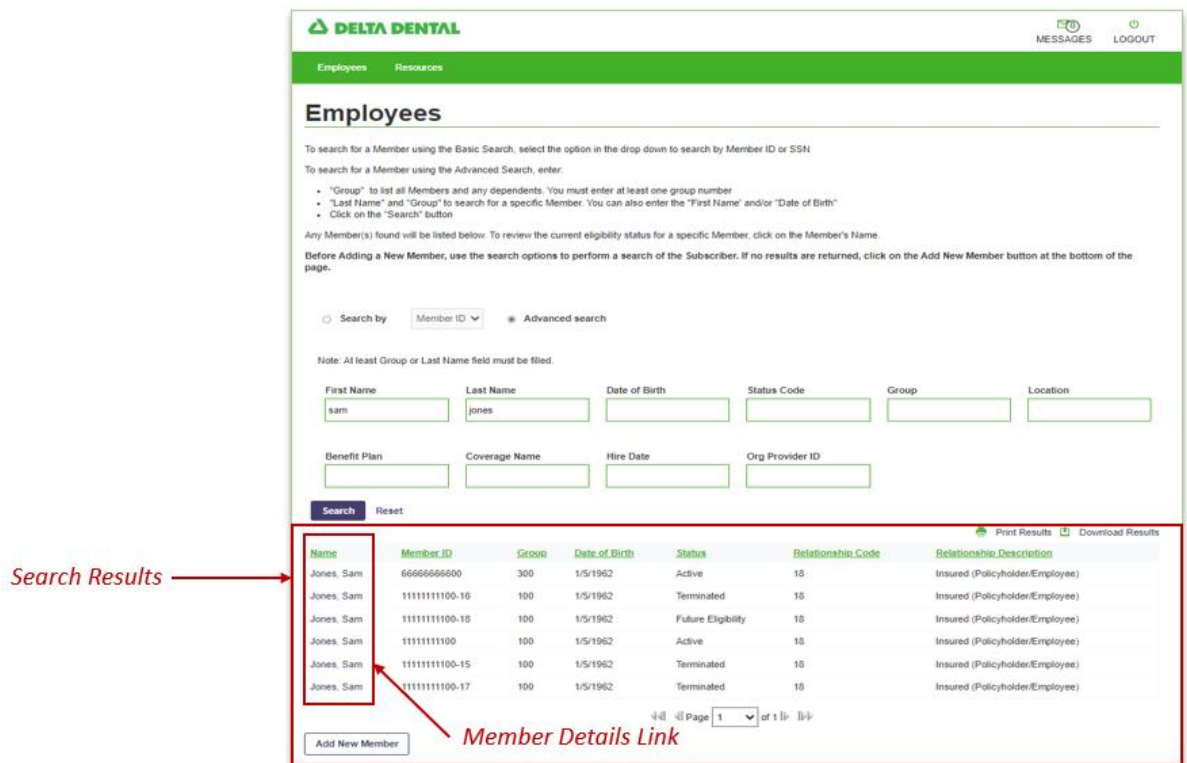


### Advanced Member Search

This menu item allows you to search for a member in the specific subgroup(s) you have been given user rights to view their eligibility. Once you find a member you can access the links to update their record. You can also add a new member.



This menu item allows you to view a complete list of members (and dependents) in the specific subgroup(s).



Benefit details including coverage types are shown under Coverages on the Eligibility Screen.

**DELTA DENTAL**

Eligibility

View/Print ID Card | ID Card Request | Subscriber Changes | Dependent Changes

← Back Sam Jones View all family members

**Member Info**

Name: Sam Jones	Member ID: SAMPJ001	Address: 4151 E 96th St, Ste 101, Indianapolis, IN, 46240	Status: Active
Relationship Code: 18	Relationship: Insured (Policyholder/Employee)	Original Effective Date: 01/01/2024	Group Name: Circle City
Group Number: 100	DOB: 01/05/1962	Plan: MSP10016	Full-time Student: No

**Coverages**

Coverage Type	Plan Name	Coverage Dates
DENTAL	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2024 - Active
VISION	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2023 - 12/31/2023
DENTAL	Silver	01/01/2023 - 12/31/2023

**Maximums**

Medical Plan Year: 2024

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$1,000.00
Individual	Out-of-pocket	\$4,000.00
Family	Deductible	\$3,500.00
Family	Out-of-pocket	\$20,000.00

**Dental**

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$400.00
Family	Out-of-pocket	\$7,500.00

**Vision**

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$1,000.00
Family	Out-of-pocket	\$3,000.00

Member Details

**DELTA DENTAL**

Eligibility

View/Print ID Card | ID Card Request | Subscriber Changes | Dependent Changes

← Back Sam Jones View all family members

**Member Info**

Name: Sam Jones	Member ID: 6666666600	Address: 4151 E 96th St, Indianapolis, IN, 46240	Status: Active
Relationship Code: 18	Relationship: Insured (Policyholder/Employee)	Original Effective Date:	Group Name: Circle City
Group Number: 100	DOB: 01/05/1962	Plan: GH	

**Coverages**

Coverage Type	Plan Name	Coverage Dates
VISION		01/01/2024 - Active
DENTAL		01/01/2024 - Active
MEDICAL		01/01/2024 - Active

Additional Plan benefit detail based on a member search includes, calendar / plan maximums, dependent information, deductibles.

**DELTA DENTAL**

Eligibility

View/Print ID Card | ID Card Request | Subscriber Changes | Dependent Changes

← Back Sam Jones View all family members

**Member Info**

Name: Sam Jones	Member ID: SAMPJ001	Address: 4151 E 96th St, Ste 101, Indianapolis, IN, 46240	Status: Active
Relationship Code: 18	Relationship: Insured (Policyholder/Employee)	Original Effective Date: 01/01/2024	Group Name: Circle City
Group Number: 100	DOB: 01/05/1962	Plan: MSP10016	Full-time Student: No

**Coverages**

Coverage Type	Plan Name	Coverage Dates
DENTAL	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2024 - Active
VISION	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2023 - 12/31/2023
DENTAL	Silver	01/01/2023 - 12/31/2023

**Maximums**

Medical Plan Year: 2024

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$1,000.00
Individual	Out-of-pocket	\$4,000.00
Family	Deductible	\$3,500.00
Family	Out-of-pocket	\$20,000.00

**Dental**

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$400.00
Family	Out-of-pocket	\$7,500.00

**Vision**

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$1,000.00
Family	Out-of-pocket	\$3,000.00

Member Details

**My Balances**

Medical In Network Plan Year: 2024

Individual/Family	Type	Amount Met	Maximum Amount	Progress
Individual	Deductible	\$238.54	\$1,000.00	<div style="width: 23.85%;"></div>
Individual	Out-of-pocket	\$238.54	\$4,000.00	<div style="width: 5.96%;"></div>
Family	Deductible	\$833.80	\$3,500.00	<div style="width: 23.82%;"></div>
Family	Out-of-pocket	\$833.80	\$20,000.00	<div style="width: 4.17%;"></div>

**Dental**

Individual/Family	Type	Amount Met	Maximum Amount	Progress
Individual	Deductible	\$0.00	\$500.00	<div style="width: 0%;"></div>
Individual	Out-of-pocket	\$0.00	\$2,000.00	<div style="width: 0%;"></div>
Family	Deductible	\$0.00	\$400.00	<div style="width: 0%;"></div>
Family	Out-of-pocket	\$0.00	\$7,500.00	<div style="width: 0%;"></div>

Additionally, balance information for individual and family coverage with out of pocket and deductible maximums and amounts met.

**DELTA DENTAL**

Eligibility

View Print ID Card | ID Card Request | Subscriber Changes | Dependent Changes

Back | Sam Jones | Print View

View all family members

**Member Info**

Name	Member ID	Address	Status
Sam Jones	SMPL0001	4101 E. 20th St Box 101 Mesa, AZ 85204, AZ, 48340	Active
Relationship Code	Relationship	Original Effective Date	Group Name
01	Insured (Subscriber/Employee)	01/01/2023	Circle City
Group Number	DOB	Plan	Full-time Student
100	01/05/1982	MSP10016	No

Disabled: No

**Coverages**

Coverage Type	Plan Name	Coverage Dates
DENTAL	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2024 - Active
VISION	Silver	01/01/2024 - Active
MEDICAL	Silver	01/01/2023 - 12/31/2023
DENTAL	Silver	01/01/2023 - 12/31/2023

**Maximums**

Medical | In Network | Plan Year: 2024

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$1,000.00
Individual	Out-of-pocket	\$4,000.00
Family	Deductible	\$3,500.00
Family	Out-of-pocket	\$20,000.00

Dental | In Network

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$200.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$400.00
Family	Out-of-pocket	\$7,500.00

Vision | In Network

Individual/Family	Type	Maximum Amount
Individual	Deductible	\$500.00
Individual	Out-of-pocket	\$2,000.00
Family	Deductible	\$1,000.00
Family	Out-of-pocket	\$3,000.00

Member Details

Vision | In Network

Individual/Family	Type	Amount Met	Maximum Amount	Progress
Individual	Deductible	\$103.35	\$500.00	<div style="width: 20%;"></div>
Individual	Out-of-pocket	\$103.35	\$2,000.00	<div style="width: 5%;"></div>
Family	Deductible	\$407.45	\$1,000.00	<div style="width: 40%;"></div>
Family	Out-of-pocket	\$407.45	\$3,000.00	<div style="width: 13%;"></div>

Office Visits

Name	Amount Met	Maximum Amount	Progress
Chiropractic	0	0	<div style="width: 0%;"></div>